

# FLORIDA BACK TO WORK

**Eligibility Requirements: to be eligible to participate in the Florida Back to Work Program**

**\*\*Qualified individuals must meet income criteria to be eligible for hire – Must have dependent children under 18 at home and meet income qualifications or currently receiving temporary cash assistance to be eligible for hire. Grant funded temporary positions\*\* Qualified clients must meet with Workforce Center staff to be determined income eligible prior to referral being issued\*\***

HOUSEHOLD SIZE AND FAMILY INCOME	200% of the Federal Poverty Level								
	2	3	4	5	6	7	8	9	10
Household size	2	3	4	5	6	7	8	9	10
Monthly Income	2,429	3,052	3,675	4,299	4,922	5,620	6,169	6,792	7,415
Yearly Income	29,140	36,620	44,100	51,580	59,060	67,440	74,020	81,500	88,980

- Must be a United State Citizen or qualify non-citizen as defined in ss.414.095
- Be a legal resident of the State of Florida
- Be a pregnant woman, a parent or caretaker relative of an unmarried dependent child under 18, or full time student who is under 19 who resides in the home; and
- Have an income at or below 200% of the Federal Poverty Level (FPL)

Once you meet this guidelines, then you must meet the qualifications of employers position.

Form AWI SEP  
0005(c)  
(12/09)

## Request for TANF Funds/Eligibility Determination – 2009/2010

**Eligibility Requirement:** To be eligible for the TANF funds: the family's income must be at or below 200% of the federal poverty level; the applicant must be a pregnant woman or have a child or children under age 18 (or 19 if in school full time) living in the home of a parent or other specified relative; the individual receiving the TANF service must be a United States citizen or qualified non-citizen; and the applicant and their children must be residing in Florida.

Applicant's Name: \_\_\_\_\_ Applicant's SSN: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Table 1: Information on Children and Adults in Household.**

#	Name	Date of Birth	Citizen or Qualified Non-citizen	Relationship to Applicant (i.e., Spouse, Child)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	

- 1) Is the applicant a parent or other specified relative of a child or children under 18 (or 19 if in school full time) living in the home? Or is the applicant a pregnant woman?
  - YES. If Yes, continue with item #2; list name of relative and relationship to child:
  - NO. If No, household is not TANF eligible.
- 2) Does the family reside in Florida?
  - YES. If Yes, continue with item #3.
  - NO. If No, household is not TANF eligible.
- 3) Is the family currently receiving temporary cash assistance and/or food stamps?
  - YES. If Yes, financial criteria met; submit to supervisor/designee for TANF eligibility determination.
  - NO. If No, continue with item #4.
- 4) Family Income. Information obtained from (check one):
  - Documented Paystubs     FLORIDA Screens     Unemployment Compensation Records     The Work Number (fax)
  - Collateral Source: \_\_\_\_\_  
List the source

*Using information obtained from the parent or specified relative or from available/collateral contact information, make the "best determination possible" of the family's gross income. When income information is not obtained from the family, it may be obtained from the employment history of responsible adults or any recent last two months prior determination of eligibility for public assistance [i.e., Food Stamps, Temporary Cash Assistance].*

If item #4 above is checked, this section must be completed:	Determine: Eligibility Time Period Examined (30 day period)    From: _____ To: _____ What is the family size?    _____ Estimated Family Income:    \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year
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**Table 2: 200% of the FPL by family size (effective date: July 1, 2009)**  
(For households larger than 10, add \$624 per month or \$7,480 per year for each additional household member.)

Household size	HOUSEHOLD SIZE AND FAMILY INCOME									
	1	2	3	4	5	6	7	8	9	10
Monthly Income	1,805	2,429	3,052	3,675	4,299	4,922	5,620	6,169	6,792	7,415
Yearly Income	21,660	29,140	36,620	44,100	51,580	59,060	67,440	74,020	81,500	88,980

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility Certification Date: \_\_\_\_\_

Based on the household information above, the family income is: (check one)

- At or below 200% of the FPL ... FAMILY IS ELIGIBLE
- Above 200% of the FPL ... CHILD/FAMILY IS INELIGIBLE

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor or Designee



# Employment Application

Please print and fill out all sections in ink

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (cell)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years of age?  Yes or  No

Are you legally authorized to work in the U.S.?  Yes or  No

Have you ever been convicted of a felony or pleaded no contest in a felony?  
If yes, state the date, location and the felony: \_\_\_\_\_  Yes or  No

\*A conviction will not necessarily disqualify you from employment

Have you been convicted of a misdemeanor or pleaded no contest in a misdemeanor, resulting in imprisonment or a fine over \$500 during the last 10 years?  
If yes, state the date, location and the misdemeanor: \_\_\_\_\_  Yes or  No

\*A conviction will not necessarily disqualify you from employment

## Education

Type of School	Name and Location	Years Completed	Did You Graduate?	Diploma / Degree	Course Type
High School/ GED					
College					
Business or Trade					

**U.S. Military Service**

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_  
Date of Enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
Present Military Status \_\_\_\_\_

**Employment History**

Below, please describe past and present employment positions beginning with your most recent.  
**Even if you have attached a resume, this section must be completed.**

<b>(1) Name, Address, and Phone Number of Employer:</b>		
Name: _____		Phone: (____) _____ - _____
Address: _____		City: _____ State: _____ Zip: _____
<b>Name of Supervisor:</b>	<b>Type of Business:</b>	<b>Length of Employment:</b> ____/____/____ to ____/____/____
<b>Position/ Job Title:</b>	<b>Duties:</b> _____ _____	
<b>Reason For Leaving:</b>	_____ _____	
May we contact this employer for references? <input type="checkbox"/> Y or <input type="checkbox"/> N		

<b>(2) Name, Address, and Phone Number of Employer:</b>		
Name: _____		Phone: (____) _____ - _____
Address: _____		City: _____ State: _____ Zip: _____
<b>Name of Supervisor:</b>	<b>Type of Business:</b>	<b>Length of Employment:</b> ____/____/____ to ____/____/____
<b>Position:</b>	<b>Duties:</b> _____ _____	
<b>Reason For Leaving:</b>	_____ _____	
May we contact this employer for references? <input type="checkbox"/> Y or <input type="checkbox"/> N		

<b>(3) Name, Address, and Phone Number of Employer:</b>		
Name: _____		Phone: (____) _____ - _____
Address: _____		City: _____ State: _____ Zip: _____
<b>Name of Supervisor:</b>	<b>Type of Business:</b>	<b>Length of Employment:</b> ____/____/____ to ____/____/____
<b>Position:</b>	<b>Duties:</b> _____ _____	
<b>Reason For Leaving:</b>	_____ _____	
May we contact this employer for references? <input type="checkbox"/> Y or <input type="checkbox"/> N		

**(4) Name, Address, and Phone Number of Employer:**  
 Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Name of Supervisor:</b>	<b>Type of Business:</b>	<b>Length of Employment:</b> ____/____/____ to ____/____/____
<b>Position:</b>	<b>Duties:</b>	
<b>Reason For Leaving:</b>		

May we contact this employer for references?  Y or  N

\*Additional work history may be attached to this application.

**Explain fully any gaps in employment history:**

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**List any skills, qualifications, or experience you may consider significant:**

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**References (Do not list relatives)**

<b>Name</b> _____	<b>Phone</b> _____	<b>Occupation</b> _____	<b>Years Known</b> _____
<b>Address</b> _____			

  

<b>Name</b> _____	<b>Phone</b> _____	<b>Occupation</b> _____	<b>Years Known</b> _____
<b>Address</b> _____			

  

<b>Name</b> _____	<b>Phone</b> _____	<b>Occupation</b> _____	<b>Years Known</b> _____
<b>Address</b> _____			

I certify that the information in this application is true. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FORM AWI SEP  
0011  
(12/09)

## TANF Subsidized Employment Program Agreement

*Section A: To be completed by the RWB Case Manager*

Applicant's Name (please print) \_\_\_\_\_

\_\_\_\_\_ Social Security Number

**Section B:** *To be completed by the RWB Case Manager*

- I understand that by participating in the TANF Subsidized Employment Program I am voluntarily declining to receive Temporary Cash Assistance for myself and my children at this time. I understand that I may not apply for Temporary Cash Assistance for six months from the date I start my subsidized employment, unless I can show a demonstrated emergency justifying a hardship exception to this agreement.
- Unless an unforeseen emergency forces me to apply for Temporary Cash Assistance within this six month period, the amount of any regular Temporary Cash Assistance I might be eligible to receive may be reduced as repayment of the value of any services provided during my participation in the program. Any amount to be repaid will be divided by eight and subtracted from my Temporary Cash Assistance payments for eight months following approval.
- I understand that I may apply for Medicaid or food stamp benefits now or at any time in the future.

**Section C:** *To be completed by the Applicant and the RWB Case Manager*

The TANF Subsidized Employment Program has been explained to me and I understand that if I intentionally do not tell the truth, or hide information to receive TANF Subsidized Employment, I may be disqualified from the subsidy program and may be subject to further prosecution under federal and state law.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

RWB Case Manager (please print) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

( ) \_\_\_\_\_  
Telephone Number